



Electronic Funds Transfer Authorization Form			
Mother's Full Name			
Address			
City		State	Zip
Mother's Place of Employment		E-Mail Address	
Home Phone	Work Phone		Cell Phone
Father's Full Name			
Address			
City		State	Zip
Father's Place of Employment		E-Mail Address	
Home Phone	Work Phone		Cell Phone

I hereby authorize _____
 Print the name of your financial institution

to make my periodic payment on my behalf from the checking account or credit card account listed below and transfer it to River of Life School of Excellence.

CHOOSE ONE:

_____ Checking Account Transfer (Voided Check Must be Attached)

_____ Credit Card Charge Visa MasterCard

Credit Card Number _____ Expiration (Month/Year) _____

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or discontinue this service, I will notify School of Excellence. By discontinuing this service, I understand that my child will no longer be able to attend School of Excellence.

I understand that River of Life Church Early Learning Center and School of Excellence is providing a service to us as parents by providing childcare and/or school as stated in the current handbook for the fee amounts and tuition amounts stated therein. Payments are due on the third business day of each month and considered late if funds are not available after the 8th of each month. A late fee of \$25.00 will be charged after the 8th of each month. Unpaid tuition could result in dismissal from the program. Charges accrue for each day the school is open, regardless of whether my child is in attendance. I further understand that an unpaid tuition/fee balance could result in my account being referred to an outside collection firm.

Signature _____ Date _____